

## Clinical Experience Request Form

**The University of Phoenix MAED/TED, MAED/SPE, BSEd/E and ECH degree programs require 100 hours of clinical experience. The University of Phoenix Center for Field Placement collaborates with local school districts to identify and secure appropriate sites and settings for all UOPX students for clinical experience. Candidates are required to participate in clinical experiences in as many diverse settings as possible. Clinical experience sites may include private and public schools that represent diversity in age, grade level, content area, socioeconomic status, ethnicity and race, population of English language learners, and rural or urban settings.**

Student Name: \_\_\_\_\_ Student IRN: \_\_\_\_\_ State: \_\_\_\_\_

Program (check one): MAED/TED-E (K-8)    MAED/SPE (K-12)    MAED/TED-S (6-12)  
BSED/E (K-8)    BSLS (K-8)    ECH (K-3rd)    ECH (Birth-PreK)

**The University of Phoenix Center for Field Placement will contact the district in an attempt to secure your clinical experience site and setting. While all attempts will be made to accommodate your preferences, they cannot be guaranteed, as districts/schools make the final decision regarding the acceptance of students for field experience. Please ensure that all information provided is accurate and complete to facilitate the prompt and successful processing of your clinical experience request. Once complete please return this form to the Center for Education Preparation (CEP.placement@phoenix.edu).**

Semester:    Fall        Spring

\*District: \_\_\_\_\_

\*District Phone (with area code): \_\_\_\_\_

Name of Contact for Field Experience (if known): \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

\*Preferred School(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Grade Level(s): K    1    2    3    4    5    6    7    8    9    10    11    12

\*Content Area (required for secondary only): \_\_\_\_\_

\*Please indicate if you are currently employed by this district: YES        NO

If "YES," please provide the following: School: \_\_\_\_\_ Position: \_\_\_\_\_

\*Do you have family who attend or work in this district?    YES        NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Location: \_\_\_\_\_

\*\*\*Your Education Program Specialist will request 25 hours per individual request. Please email CEP.placement@phoenix.edu once your 25 hours is completed to request your next 25 hours.